#7

OFFICE OF THE MAYOR



JOE A. SMITH

MAYOR

mayor@nlr.ar.gov

PHONE (501) 975-8601 FAX (501) 975-8633

P.O. BOX 5757 NORTH LITTLE ROCK, ARKANSAS 72119-5757

website: www.nlr.ar.gov

MEMORANDUM

TO:

Members of the North Little Rock City Council

FROM:

Glinda Craigmyle

DATE:

May 11, 2015

SUBJECT:

Alcoholic Beverages Permit Request

For your information, I have enclosed a copy of the *Assignment* and *Comments of Officials* form from the State of Arkansas, Alcoholic Beverage Control Division.

The following applicant has applied for an off premises retail beer & small farm winery permit with a change of manager from, Cory Boyd:

Carissa S. Bryson Kum & Go #153 8801 Maumelle Blvd. North Little Rock, AR

Please note the 15 day comment period referred to in the final paragraph of the *Comment* page.

Thank you.

Attachments

DATE 5-11-15

P.M.

Diane Whitbey, City Clerk and Collector North Little Rook, Mansas

RECEIVED by_

ASSIGNMENT

D6J003-D6L013



Date Received: 04/24/2015

Date Assigned: 04/29/2015

Applicant: CARISSA S. BRYSON

D.O.B: 10/02/1986

Green Card Number (Permanent Resident Alien):

Home Address: 121 Cabanel Drive, Maumelle, AR, 72113

Home Phone:

Business Phone: 501-975-4130

Cell Phone: 319-721-7374

Trade Name: KUM & GO #153

Former Trade Name: KUM & GO #153

Business Address: 8801 Maumelle Blvd., North Little Rock

County Pulaski

Type Of investigation: Retail Beer off Premises & Small Farm Wine - Change of Manager from

Cory Boyd 04595

Dancing, if requested:

Comments / Remarks:

Copies Of Assignment and Comment Form Mailed to:

Mayor Joe Smith & City Council

Michael Davis, Chief of Police

Doc Holladay, Sheriff

Larry Jegley, Prosecuting Attorney

Assigned to Investigator:

Stockholders / Partners / LLC

Members:



ALCOHOLIC BEVERAGE CONTROL DIVISION COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: CARISSA S. BRYSON

TYPE OF APPLICATION: Retail Beer off Premises & Small Farm Wine - Change of Manager from Cory

Boyd

BUSINESS NAME: KUM & GO #153

BUSINESS ADDRESS: 8801 Maumelle Blvd., North Little Rock, AR, 72113

DATE OF APPLICATION: 04/24/2015

If yes, please explain your objections below:

| NAME OF PUBLIC OFFICIAL: | | _ |
|-----------------------------------------------------------|---------------|---|
| TITLE OF OFFICIAL: | | _ |
| OFFICIAL MAILING ADDRESS: | × | _ |
| *** | | _ |
| PHONE : | | |
| SIGNATURE OF OFFICIAL: | DATE: | |
| NAME OF AGENCY OR COURT: | | _ |
| Do you have any objections to the issuance of this permit | ? | |
| | (Yes or No) | |

To ensure your comments are available at the time this application is considered by the Director, please complete and return this form to ABC Administration, 1515 West 7th Street, Suite 503, Little Rock, AR, 72201, within fifteen (15) days of receipt. In compliance with the Freedom of Information Act, this Comment Form will become a matter of public record

Printed On: 04/30/2015